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MARYLAND STATE DEPARTMENT OF HEALTH

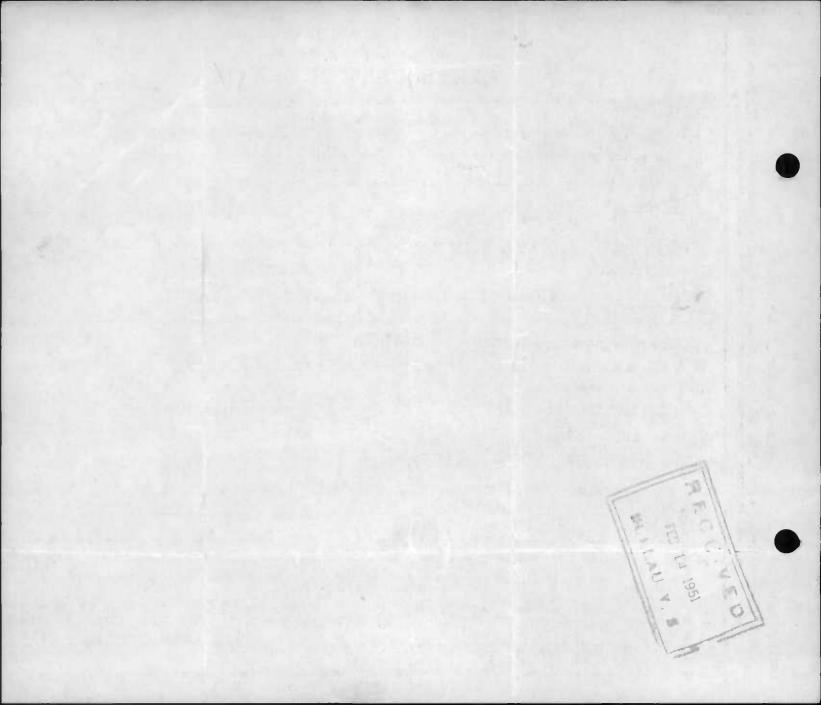
2411 N. Charles Street, Baltimore

1562

CERTIFICATE OF DEATH

Reg. Dist. No. 18-2

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNT	v 40 / 0 /
COUNTY	STATE MAS	/derbord
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and given TOWN	ve mearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Tham a.s. ANC	JETSON DEATH TIL	8 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months.	Days Hours Min.
done during most of corking life, even if retired) Industry		COUNTRY!
THE THERE WANTED THE ATON MILES SOT	114. MOTHER'S MAIDEN NAME	Sam
Harret andrson	Filliam Moson	-
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	11 . 0
(Yes, no, or unknown) (If year, give war or dates of service)	Drene andrson form	Tarillon.
		1
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 8 1	ONSET AND DEATH
myoradul	trefarates:	3/4 hour
Immediate cause (a)	**************************************	
Antecedent cause(s)	1 1.2	111
Diseases or conditions, if any, (b) Urteres scheriter	Heart Gracore	auknam.
giving rise to the above cause stating the underlying cause last	commanter.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.)	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	The state of the s
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
7 /s	- 50 2/6 51	
22. I hereby certify that I attended the deceased from . 2.	, 1950, to Jel & , 1951, that I last s	aw the deceased
	2 3-p. m., from the causes and on the date st	
	ADDRESSA	DATE SIGNED
SIGNATURE (Degree or title)	74 .4	OATE SIGNED
1. James Monusay of M.D.	Harrelloville, heal -	th 9.51
23. BURIAL PREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	
21. BURIAL OR MATION DATE REMOVAL Specify) AME OF CEMETE	De Parl	Dal
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 2/9/5/ Biseilla Touron	2/4/ // 1/1/ 5	91. 0 1)
- 1101 V meetic John 100	House took I sull	nue is
	1 22	127
	1204	(3 /



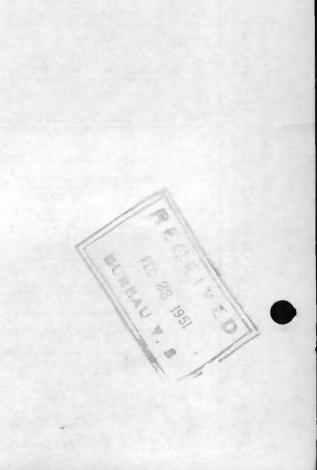
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1563 Reg. Dist. No. 185-

1. PLACE OF DEATH	erford	MARYLAND	2. USUAL RESIDENCE STATE Marylan		COUNTY
	orporate limits, write RUR.	(in this place)	CITY (If outside corpo	rate limits, write RURA De Grace	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE			STREET ADDRESS 850	(If rural, give lo	cation)
3. NAME OF DECEASED (Type or Print)	(First) John		(Last) ell	4. DATE (Mo	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under I year If under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) Widowed	7-7-1885	65 yrs.	Months. Days Hours Mln.
done during most of v	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDE	NAME	
	Charles	Bell	Anne Bal	ker	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If year, give war or dates of service)	217-07-5013	Edith T. Wa	ardell Perr	vville Md ·
	ONDITIONS DIRECTLY	18. MEDICAL CEL LEADING TO DEATH		Heart	INTERVAL BETWEEN ONSET AND DEATH
Of Diseases or giving rise to	nt cause(s) conditions, If any, (b)		1	***************************************	
II. OTHER SIGNIFI Conditions contribu related to the disea	Inderlying cause last (c) (CANT CONDITIONS uting to the death but not se or condition causing deat				***************************************
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCURT	
22. I hereby cert	ify that I attended the	e deceased from Feb. 1	, 195/ , to tel.	19, 19.57, that	I last saw the deceased
alive on SIGNATURE	6. /2, 1951, an	d that death occurred at, (Degree or title)	7. Gm., from the	e causes and on the	date stated above. DATE SIGNED
4.7.	magna		Perrynlle	md	2/19/51
23. BURIAL CREM REMOVAL (Spec	2-21-19	951 Angel Hi	11 /	LOCATION (City, town Havre De G	race, Md.
REG. 74.2		Levis n. D.	24. FUNERAL DIRECT	atterson 9	LSW. ADDRESS
					Will I was a second of the sec



(COHNTY)

MARYI

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LENGTH

(Middle)

7. SINGLE, MAR WIDOWED, DI (Specify)

(Specify)

LADUSTRY

10b. KIND OF BI

16. SOCIAL SECU

1 PLACE (Home, farm, factory, street,

18. M

1. PLACE OF DEATH COUNTY

HOSPITAL OR INSTITUTION OR STREET ADDRESS

TOWN

3. NAME OF

5. SEX

DECEASED

(Typa or Print)

OR give nearest town

10a. USUAL OCCUPATION (Gira kind of work dona during reset of working lifef even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) | (If yes, give war or dates of service)

> giving rise to the above cause stating the underlying cause last

related to the disease or condition causing death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not

21. EXTERNAL CAUSE WAS

Immediate cause Antecedent cause(s) Diseases nr conditinns, if any,

(First)

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPI

e

QR RACE

(b)

giva nearest town)

ly every item of information carefully. the causes of death clearly and legibly. Supply MARGIN RESERVED UNFADING INK. WITH Ul PLAINLY, s especially i

FOR BINDING

PLEASE WRITE

DATE R

CERTIFICATE OF DEATH FOR M

"OIT I	DU DILLI	110.				
EDICAL	L EXAMINERS	Br	Reg. Dis	st. No		
AND OF STAY	2. USUAL RESIDENCE, (I-STATE NO.) CITY (II outside corpora		CO	UNTY		
s place)	II OR	amou		nd giva n	learest town)
	STREET ADDRESS 6. N.	Maole	give locati	S &		/
B		4. DATE OF DEATH		rusy.		(Year)
RIED, VORCED,	Mar-17-1882	9. AGE last hir	yrs. Me	under I you	ear If unde ays Hours	
JACKES OR	11. BIRTHPLACE (State of	r foreign country	7)		CITIZEN OF UNTRY?	WHAT
co.	14. MOTHER'S MAIDEN	NAME				
RITY No.	Mrs. Catherina	Nieda	wick	315	" the	5
EDICAL CE	RTIFICATION			l r	NTERVAL BI	CT W ICIGI
ATII	0 00				NSET AND	
ne?	shill				ner	2
**************************		******************************	****** * ******************************	· · · · · · · · · · · · · · · · · · ·	*** ** *********	
ERATION		777		1 2	O. AUTOP	SY?
					Yes 🗆	No [

12 allo

(CITY OR TOWN)

PRIMARY & OR CONTRIBUTING OF OR CAUSE OF DEATH.	Tice bldg., etc.) 40	Joppe	Harford	nd
OF FA 12 24 10 WI	JURY OCCURRED nile at Not while ork at work	Anto acerder	CCUR? A ME Pel	strantyle
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or In	quiry, find that said dece	eased died on the dry sta	X, Inquiry ☐ thereon a ted above, and death in	and from the evidence my opinion resulte
from: natural causes . accident . signature	(Degree or title)	ADDRESS		DATE SIGNE
Gerald C Palmer MD Depute	Medical EYan	wer Harford	Co. Belt in 1	nd 2/25/
23. BURIAL, CREMATION DATE, THEREOF			LOCATION (City, town, or	

Slameslans

24. FUNERAL DIRECTO

VS.-A1

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1565

1. PLACE OF DEATH COUNTY Harland MARYLAND	2. USUAL PASIDENCE (HOME) OF DECEASED COUNTY	Harled
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give OR	e nearest town)
TOWN Eagework Szy	TOWN Zageword	U
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) + Loyd M.	Drown DEATH felt.	15 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, DIVORCED (Specify) TURNED	3 DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 brs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, exon if settined) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
Munition House Relend 4. S. Stort.		COUNTRY USE
Letchen M. Brown	Lionary Reiler	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service) WW	Here all aren Broche Edgle	word Wed.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronery (I aclusion	3 days
Antecedent cause(s)		
940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	and a Agpertensian	S ma
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	**************************************	30 M M M M M M M M M M M M M M M M M M M
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-6	1049 124 105/ 1271	
22. I nereby termy that I attended the deceased from		
alive on 1951, and that death occurred at SIGNATURE (Degree or title)	ADDRESS ADDRESS	ated above. DATE SIGNED
has OHodous m.D.	Edglwood ma 2	16-57
AREMOVAL (Specify) DATE 19, 1961 COLUMN	RY OR CREMATORY LOCATION (City, town, or pount	nd & Wil
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUKERAL DIRECTOR	ADDRESS
Ter 19 731 nave in inon coacle	I I VIOLUALIE THE GOLD	arthu
91	Wally abungaru Maly	land



VS. A15A

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1565

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Maryland	4
OR givenearest town (In this place)	CITY (If outside corporate limits, write RURAL and give nearest OR TOWN Saltunge	town)
HOSPITAL OR INSTITUTION OR \	ADDRESS (If ru ai give io ation)	, ,/
STREET ADDRESS / AR FOR I) Me mor. Hosp. 3. NAME OF (First) (Middle)		
3. NAME OF (First) DECEASED (Type or Print) Flore Nee (Middle)	M b e 7 - S DATE (Month) (Day) DEA PH February 17	(Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widows	8. DATE OF BIRTH 9. AGE last hirthday If under I year II Months Days II year.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) 150 USTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY	OF WHAT
13. FATHER'S NAME	11. MOTHER'S MAIDEN NAME	
William Moore	Louise Thomas	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
service)	Thomas Chambers -	
18. MEDICAL CE		AL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET	AND DEATH
Immediate cause (a) Fracture (4)	Cenus 24	las
0123	-1-1- 80	11.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last	vo wit (xeg, conpound 2	1942
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	200	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
	Yes	No X
21. EXTERNAL CAUSE WAS PRIMARYY OR CONTRIBUTING OF Office bldg., etc.) (CAUSE OF DEATH.	Nr, Aberd of Horford	My State
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY Fel (6, 195) m. work at work	Wating for bus + but by and	
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said decentric from: natural causes □, accident ☒, suicide □, homicide □, SIGNATURE (Degree or title)	eased died on the day stated above, and death in my opinion undetermined [].	e evidence resulted
general C of assure 14 0) sperity medical	Lame Hoyar to Della Med 2	11/13
23. BURIAL. CREMATION DATE THEBEOF NAME OF CEMETE SEEMOVAL (Specify) 2/2//5/	CRY OR CREMATORY (City, town, or county)	(State)
DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE	24. PUNERAL DIRECTOR ADDI	RESS
REG. ~/19/5-/	Charles K. Law - 802 madin	same
	7208	26

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1567

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		in	11-8	sho	WI	on:

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH- COUNTY Harford Marylan	rd MARYLAND	2. USUAL RESIDENCE (I STATE Maryland	Harford	SED. COUNTY	?	
OR give nearest town)	d LENGTH OF STAY (in this place)	CITY (If outside corpor OR	ate limits, write RU	RAL and giv	e nearest to	own)
TOWNHavre de Grace HOSPITAL OR INSTITUTION OR	15 yrs.	STREET ADDRESS	(If rural, give	e location)		
STREET ADDRESS St. Francis Vil	la	Commerce & N	larket			
3. NAME OF (First)	(Middle)	(Last)		Month)	(Day)	(Year)
(Type or Print) Sister Mary Conrad	a (Lado	nacir)	OF DEATH	2/2/51		19
5. SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthds		1 year If u	
WI	DOWED, DIVORCED,	3/13/1886	82 yr	Months.	Pays Ho	urs Mln.
10a. USUAL OCCUPATION (Give kind of work 10h.	KIND OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12	. CITIZEN	OF WHAT
	holic Home	Canada		II.	COUNTRY?	
Housekeeper ICat	noile nome	14. MOTHER'S MAIDEN	NAME	.0.	D +12 +	
Moses Ladouceir	Garage Manager	Henrietta ?	Ladouceir			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If year, give war or dates of	. Social Security No.	17. INFORMANT AND	ADDRESS			
no service)	none	Hosp. Records	Harre de	Grace.	Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEAD	18. MEDICAL CE	RTIFICATION				BETWEEN DEATH
1. DISEASES OR CONDITIONS DIRECTED MEAL	THE DEATH	0			ONSET AN	ID DEATH
Immediate cause (a)	anno	Geles.		······································		
1/77 1 4 434(-)						
422, / Antecedent cause(s)	1	0	10.	-	-	
Diseases or conditions, if any, (b)	Carden		s ruce	cer	ł	50 500 50 60 60 60 60 60 60 60 60 60 60 60 60 60
giving rise to the above cause stating the underlying cause last	0	•				
(c)	Cache	server.				
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 						
19a. DATE OF OPERATION 19h. MAJOR FINDI	INGS OF OPERATION				1 20. AUT	OPSY?
Ava. Dilla or oradination						./
OCTORIUM (C	Inne form forten street	(CITY OR	POWN)	(COIDIME)	Yes 🗆	No 🙋
21. ACCIDENT (Specify) PLACE (E SUICIDE OF Office HOMICIDE INJURY	Iome, farm, factory, street, ce bldg., etc.)	(CITT OK	IOWN)	(COUNTY)	(STA	ATE)
TIME (ALOSEDIA) (TOTAL) (TOTAL)	URY OCCURRED	HOW DID INJURY OC	CUR?			
OF While INJURY m. Wo						
22. I hereby certify that I attended the dec	01	, 19 4 9 to Tale	2 , 19.5/, th	at I last s	aw the de	eceased
2/2 105/ 111	/ =	3.30/2	talen, .			
alive on, 1921, and the	at death occurred at (Degree or title)	ADDRESS	causes and on t	he date st		
SIGNATURE	(Degree or title)	400 O.M	work	2	DATE	SIGNED
Charles Ffee	ly ms	Haven de	Draw	- mo	12/	4/57
23. BURIAL CREMATION DATE REMOVAL (Specify)			LOCATION (City, to	own, or count	(y) /	(State)
Buris1 (2/5/51	Holy Redeem	er	Balto. Md			
DATE REC'D BY LOCAL REGISTRAR'S SIGN	ATURE	24. FUNERAL DIRECTO	na Hayrand	a Grass	ADDRE	SS
Tet. 4-1954 W. K.	eurs no. D.		7700	GUIACE	, Mu.	
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No. 180 CERTIFICATE OF DEATH 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) TOWN STREET (If rural, give location) HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) 4. DATE (Month) (Day) (Year) DECEASED DEATH tela 195/ mma (Type or Print) AGE last birthday 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) Merrue If under 6. COLOR OR RACE If under 1 year | If under 24 hrs. Months. | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done sturing most of working life, even if retired) COUNTRY? INDUSTRY Husery 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If year, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cerebral hemorrhage Immediate cause 4200 Antecedent cause(s) hypertinsur ortered sclerotic heart disease Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 10 aus 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No I Yes 🗌 (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT office bidg, etc.) HOMICIDE Froting hip TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Fell while walking in home Dec 16 At work Work 1934, to Feb 27, 1957, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... Pace , 1951, and that death occurred at ADDRESS no the causes and on the date stated above.

(Degree or title)

ADDRESS alive on... NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county) 23. BURIAL, CREMATION (State) EMOVAL (Specify) DATE REC'D BY LOCAL

WRITE PLEASE RECEIVED

MAR 5 1951

BUREAU V. S

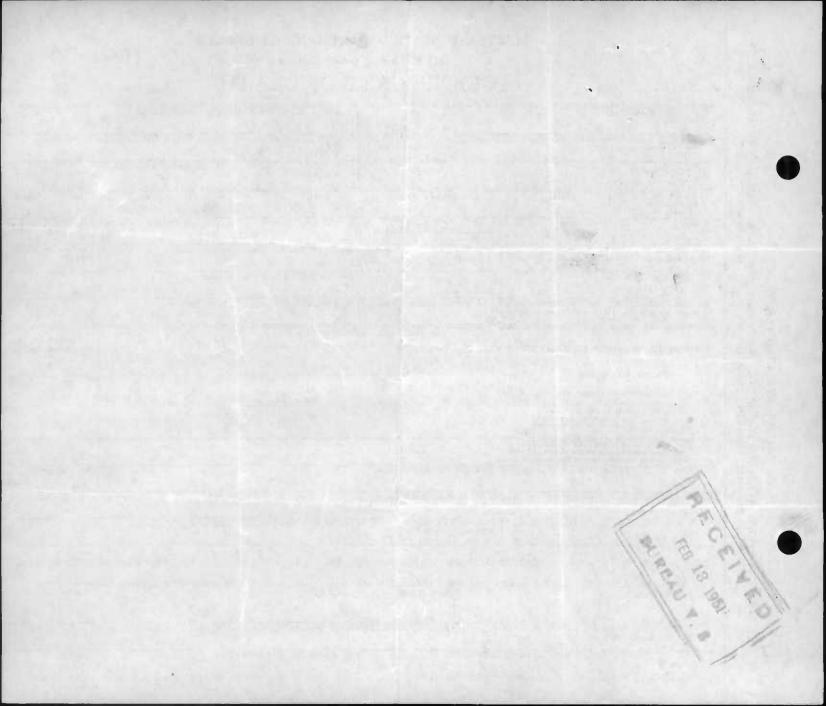
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

156.1 Reg. Dist. No. / 82

1. PLACE OF DEATH- COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Harfard
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Basky
HOSPITAL OR INSTITUTION OR	STREET (If giral, give location)
STREET ADDRESS	
3. NAME OF DECEASED (First) (Middle) C (Type or Print)	URIISS DATE (Month) (Day) (Year) OF THE THE HE 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DEVORCED, (Specify) Single	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Sept 5, 1865 95 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) Leacher returned Kundingarden	Basky, Harford Co. M. J. COUNTRY OF WHAT COUNTRY J.
13. FATHER'S NAME J. Curtiss	14 MOTHER'S MADEN NAME Lewis
15. WAS DECEASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Miss thel certiss, fallston, md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTREVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Lobar Freu	monia 24km
443 X Antecedent cause(s)	ine Cardio-Vascular Designe?
Diseases or conditions, if any, (b)	and the court of t
giving rise to the above cause	**************************************
glving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	20. AUTOPSY?
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY?
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	20. AUTOPSY? Yes \(\text{No } \text{P}
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	20. AUTOPSY? Yes
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While work At work 122. I hereby certify that I attended the deceased from	20. AUTOPSY? Yes No No No No No No No N
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	20. AUTOPSY? Yes No No No No No No No N
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from December 1951 alive on Jal 1951, and that death occurred at 1951 alive on Jal 1951, and that death occurred at 1951 alive on Jal 1951, and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 and that death occurred at 1951 alive on Jal 1951 alive o	20. AUTOPSY? Yes No No Yes No No Yes Yes No Yes Y
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from December 2 alive on Jaluary 195, and that death occurred at	20. AUTOPSY? Yes No No Yes No No Yes
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from At work 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	20. AUTOPSY? Yes No Yes



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

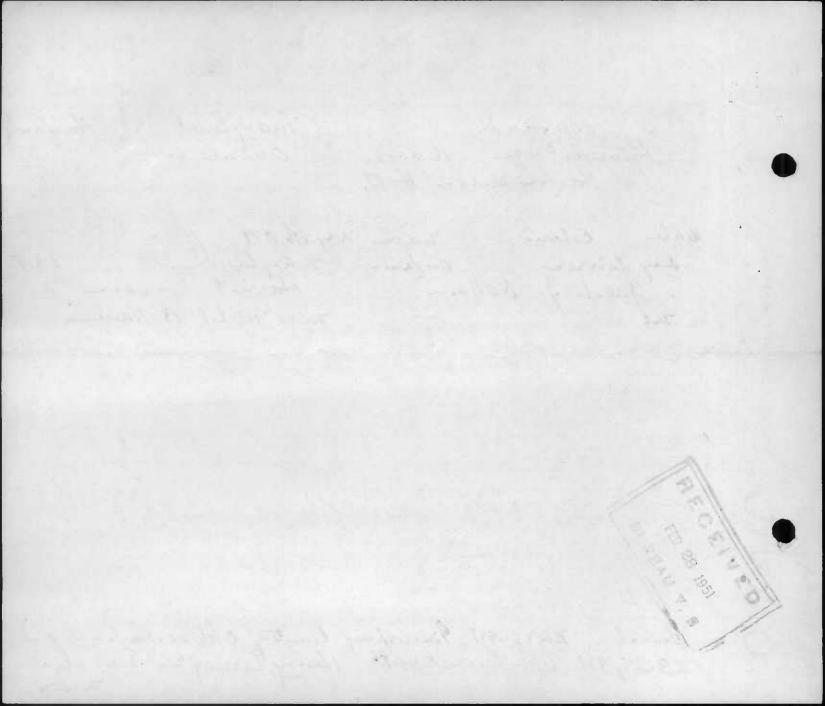
A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1570

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DICEASED COUNTY
OR give hourset town)	CITY (If outside condrate limits, write RURAL and give nearest (wn) OR TOWN
HOSPITAL OR INSTITUTION OR // /	STREET (If ru al give lo ation)
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month) (Day) (Year)
(Type or Print) Benjamin Webster	DOILDY DEATH February 25 1951
Wale Colored Race 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Whatrus	8. DATE OF BIRTH 9. AGE last birthday Honder I year If under 24 brs. Muy 5 H. 1879 Yrs. Way 5 H. Hours Min.
done during most of borying life, even if retired)	11. BIATHPLACE (State or foreign Country) 12. CITIZEN OF WHAT COUNTRY? 45/6
13. FATHERS NAME	16. MOTHERS MAIDEN NAME Janson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, giv war or dates of	17. INFORMANT
lservice) 18. MEDICAL CE	PETEROLITION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	P ONSET AND DEATH
903.0 Immediate cause (a) + ratture	Kight fewer 16 dags
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No Q
21. EXTERNAL CAUSE WAS PRIMARY TOR CONTRIBUTING OF Office bldg, etc.) CAUSE OF DEATH.	Horas (COUNTY) (STATE),
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while Not while work at work	Fell in back gard + broke hip
22. I certify that I took charge of the remains described above, held an A	used died on the dry stated above, and death in my opinion resulted
Leveld & Valmer no Reporty Medical &	Examiner tenford Co. Bel Air, We 2/25/51
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE PLANT (Spring) HUW. 2-1957 TREUS NEW	
BEG R. 27.1951 (1. L. Lewis M. B.	Leury Tarries End Sous aborder
1 to a first the second	7 970116 med



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate light write RURAL and OR give nearest town) TOWN CITY (If outside corporate light write RURAL and ItemSTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS REVAL	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (First) (Middle) (Type or Print) PATH H.	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 74. 25, 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify) (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Moore	Mary Soulis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or miknown) (If yes, give war or dates of service)	Willard X. Dick Cardiff. Wel.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
442 Immediate cause (a) Kenal fe	alung wound porsoning 3 clay
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	e cardio-renal disease 5 years
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from dan(, 1949, to Jeb. 25, 19.5/, that I last saw the deceased
alive on J. L. 2.5, 19.5, and that death occurred at	A.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
Charles & sell Mito -	Freet ml 3eb. 25, 951
Burial (Specify) February 8, 1951 - He	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE POWOOD	Hubert P. Harling Delta Pa



7S. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY HARFORD COUNTY MARYLAND	STATE MARYLAND COUNTY	HARFORD
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) TOWN ABERDEEN PROVING GROUND 4 DAYS	TOWN HAVRE DE GRACE	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS V. S. ARMY HOSPITAL	ADDRESS 813 GILE STREET	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JAMES PAUL	DODSON DEATH FEB.	9 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months	Days Hours Min.
PIALE WHITE (Specify) MARKIED!	16 march 1918 35 yrs.	
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
MASTER DERGEART U.S. ARMY -> SCHOOL TEACHER I	KENTUCKY	COUNTRY! S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Welliam marvin dodoon	Lela Sebson	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	Hamedro
YES service) 94 - 1946	Morothy Modern (high) 813 Hel.	St. Heave med.
1950 - 1951 18. MEDICAL CEI	PTIFICATION	Internation Description
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RESERVATION	INTERVAL BETWEEN ONSET AND DEATH
204, 2 Immediate cause (a) CEREBRAL HEM	LORRIAGE	1 DAY
Antecedent cause(s)	UTC (MONDOVE)	1 MONTH
Disease or conditions, if any, (b) LEUCEMIA, AC	VIE (MUNOCYTIC)	LIMITA
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		\$400 00 00 and \$400 a
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
NONE NONE		Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE HOMICIDE NONE INJURY NONE		,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY HONE m. While at Not While Now	None	
22. I hereby certify that I attended the deceased from 5 FEB		m the decree
alive on 1 FB , 195 , and that death occurred at	1.6. 45 Am., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS USA RMY HOSPITAL	DATE SIGNED
Alau J. Cisman LT (10) (MC) USNA		4 FEB.
	RY OR CREMATORY LOCATION (City, town, or county	D 1951
REMOVAL (Specify) Feb 10, 1951 T. V). Errowe	Jou Scottsville Ky	, (prate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE.	24. FUNERAL DIRECTOR	ADDRESS
PRE. 15-5 Nellie G. Wiley	Howard IC. Me terment I	nt 928
	Al Jourse	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1573 Reg. Dist. No.....

1. PLACE OF DEATH COUNTY NAPYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside/corporate limits/write PURAL and CITY (If outside/corporate limits/write PURAL and CITY (in this place) TOWN CITY (If outside/corporate limits/write PURAL and CITY (in this place)	CITY (If oylde of points limits, write RURAL and give nearest town) OR TOWN A TORE
HOSPITAL OR INSTITUTION OR STREET ADDRESS NAR WORLD ME MORIAL NOSP.	STREET ADDRESS /8 // REGISTOR NOA C
3. NAME OF DECEASED (Widdle) (Type or Print) (WARKS AMES	NONOHUE 4. WATE / (Month) (Day) (Year) DEATH / EDBUARY 22 1951
6. SEX MA/E, 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, WIDOWED, MARRIED, MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under 1 fear Months Days Hours Min.
done during most of working life, even if retired) of Business or done during most of working life, even if retired) of Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME PATRICK NONOHUE	14. MOTHERS MAIDEN NAME ARY NAINOR
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of leervice)	Mrs. Mary E. Donohue 3522 Lyndale Av
18. MEDICAL CE	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (8)	by thribesis lockers
1 Intitional Control	
7500 giving rise to the above cause	E Rost Vintricolo strindinic 5-1 yes
	Dond - ony Francis 10 Minutes
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dolivosis
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
I DI ACTO (II Constantino	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2 13	, 1957, to 2-7, 1957, that I last saw the deceased
alive on, 19.5%, and that death occurred at	ADDRESS DATE SIGNED
The without how	Port Ofost 2-22-51
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2-26-1951 New Cathed	RY OR CREMATORY LOCATION (City, town, or county) (State) Pal timore Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	John G. Motan 3000 E. Baltimore \$
1 25-11	John G. Molan Soud E. Baltimore &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1574

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY / farger		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and (in this place))	CITY (If outside condente limits, write RURAL and give nearest fown) OR TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 20 Wich at Royal are.		
3. NAME OF (First) (Middle) DECEASED (Type or Print) 17. Mary	Gilbert OF THE (Month) (Day) (Year) OF THE 1951		
6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWELL DIVORCED. (Specify) (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 brs. OCT. 744 877 73 yrs. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life evon if retired) 10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Trace Shaw To	Leva Ruller		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Wilton Gilbert, market Street.		
18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
1514 Immediate cause (a) Carcinoma	, Stomsch with 2 YEARS		
	4		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	slosis		
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	Yes 🗆 No 🗎		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb 1, 19.51, to Feb 15, 19.51, that I last saw the deceased			
alive on Feb 14, 19.5.1, and that death occurred at	ADDRESS DATE SIGNED DATE SIGNED 2-16-51		
23. BUDIAL, CREMATION DATE THEREOF RAME OF CEMETE REMOVAD (Specify)	ELLECTION (City, town, or county) (State)		
DAME REC'D BY LOCAL REGISTRAR'S SIGNATURE).	24. FUNERAL DIRECTOR ADDRESS		
Jen 1 D. Itali I made 24 . Jacobs	thereby thereby to the state of the		
	- rued		



The correct age

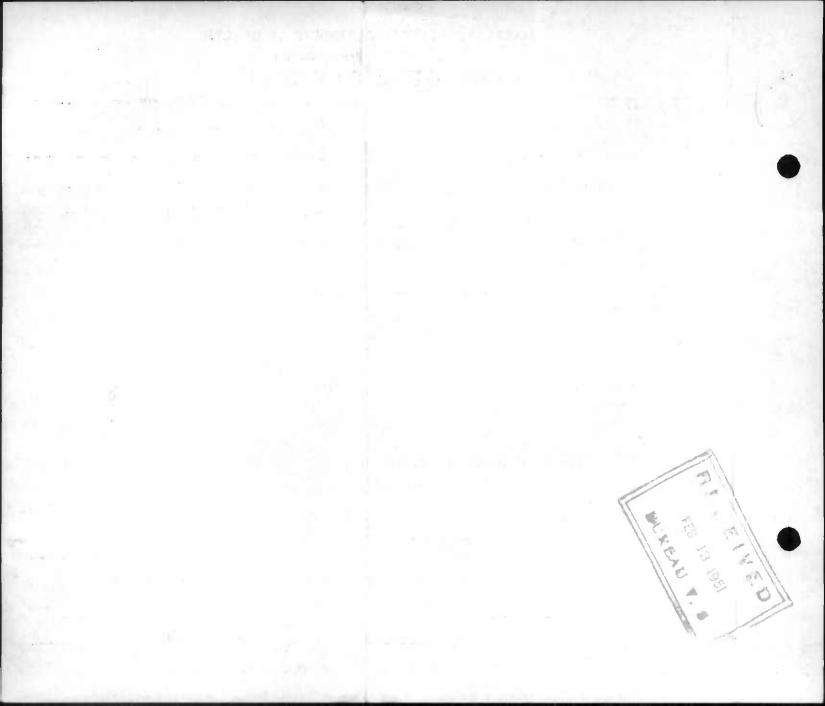
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1575

1. PLACE OF DEATH. COUNTY Harland County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Harfad		
CITY (If outside corporate limits, write RURAL, and CENGTH OF STAY (in this place)	Millow aberdeen R. D., md.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS aberden R. D., md.	STREET (If rural give location)		
3. NAME OF (First) (Middle) DECEASED (Type or Print) Crene Broadish	Liebert 4. DATE (Month) (Day) (Year) OF DEATH 19.57		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLGOWITH	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utilized Advisored during	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? LAC.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John adams	? Woodhouse		
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT Treadwell Libert		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
	20		
Immediate cause (a) Illimina	y Osberna 1 day		
I I a to the second			
447 XAntecedent cause(s)	111000h		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	al Jackine 1000		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	J Scleron's 20 years		
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	Yes No F		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?		
	M 2/2 C/		
22. I hereby certify that I attended the deceased from	19.50, to 134.7, 19.51., that I last saw the deceased		
alive on 134 7 , 1951, and that death occurred at.	3.3		
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED		
for alher M.D.	Haure de francella Jeh 7.193		
23. BURIAL, CREMATION DATE NAME OF CEMET REMOVAL (Specify) Jel 11 1951 angel H	ERY OR CREMATORY LOCATION (City, town, or county) (State)		
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE.	1. Mayon Modell - Jave de Gree Mo		



MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	Harley
MARYLAND MARYLAND	Maryland !!	1 co you
(If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	(If outside combrate limits, write RURAL and giv	
TOWN Landinger		ural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS All rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Warie Henite &	ttings DEATH Feb	5 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, PHONOCEN, (Specily) Married	8. DATE of BIRTH 9. AGE last birtbday If under Months of 2 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		. CITIZEN OF WHAT
done during most of working life, even pretired) Input Home		COUNTRY SA
13. FATHER'S NAME Elical White	14. MOTHER'S MAIDEN MAME	is.
15. Was Decrased Ever In U.S Armed Forces? 16. Social Security No. (Yes, ph. or unknown) (If yes, give, war or dates of	17. INFORMANT AND ADDRESS	
(Yes, pg. or unknown) (If yes, five war or dates of 2/3-20-/67	9 Herbert Gillis	295
18. MEDICAL CE	ATIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Kapıllan, Cyst	adeno carcinoma of the	24rs.
175x Antecedent cause(s)	Da # 1- 1 0 1-	
Diseases or conditions, if any, (b)	Melasian to Interfus	40 00 00 00 01 01 01 01 01 01 01 01 01 01
49a giving rise to the above cause ast		
(c) and liver		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE, OF, OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	unharcenoma Dovaries	
21. ACCIDENT (Specify) PLACE (Home, fapin, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(000111)	(SIAIZ)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	le l	
22. I hereby certify that I attended the deceased from Jel 5	, 1950, to 2/5, 1951, that I last s	aw the deceased
alive on 2/3, 1951, and that death occurred at	750 7. m from the savers and on the date of	atal at
SIGNATURE; (Degree or title)	ADDRESS	DATE SIGNED
malrolm Dustey Philling mo &	arling In Truck	2/9/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMELE	RY OF CREMATORY LOCATION (City, town, or count	y) (State)
Burial Villi 1/3/ Way	maper com jayered Co	11/19
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. DUNERAL DIRECTOR	ADDRESS
- W. 4. 101 - 14. 100 A	1000 to the second	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

200	Diet	No	181
	15	77	

I. PLACE OF DEATH Varford	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	o rayora
CITY (If outside corporate limits, write RURA OR TOWN LUX A Nauve de Gra	L and LENGTH OF STAY (in this place)	OR TOWN/Lural Havred Start	- /
HOSPITAL OR INSTITUTION OR STREET ADDRESS Webster W	illage	STREET ADDRESS Webster Village	
3. NAME OF DECEASED (Type or Print)	Middle) S. Sw	(Month) OF JULY JULY DEATH Feb.	(Day) (Year) 27 195/
Male Chite	7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) Married	8. DATE OF BIXTH Ofer. 1896 9. AGE last birthday II under Months	B. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY Building	us Phila. Pa.	COUNTRY J.S. A.
13. FATHER'S NAME .	Suyme	Licinda Crosl	ly
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) World Wart	16. Social Security No.	17. INFORMANT AND ADDRESS Levyn	ne
I. DISEASES OR CONDITIONS DIRECTLY I	IS. MEDICAL CER LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	oronary Oce	lusion with myo curlin	A shoen.
420. O Antecedent cause(s)	Contestas aller	votre 1 Kurt disouse	4 montes
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Chronic 1:	nonclutes	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION		20. AUTOPSY? Yes No
SUICIDE OF INJU		(CITY OR TOWN) (COUNT)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/2/2, 1951, to 2/2, 195/, that I last saw the deceased			
alive on 12.4., 19.1.7, and that death occurred at 3.30 Am., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS HOWE de Gruce, Mid 2/28/51			
23. BURIAL CREMATION DATE REMOVAL (Specify) March	1195 arlington	RY OR CREMATORY LOCATION (City, town, or cou	ra.
DATE REC'D BY LOCAL REGISTRAR'S REG. 74 & 851 Bucha	B. Kright	M. Madison Mitchell Han	ride Brau
		2900	46 md.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	The Helyon
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federal Hell (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) Decease Clyde	Hamous A. DATE (Month) (Day) (Year) Hamous DEATH Flb 24 195
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DWORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Months Days Hours Mit
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Quecil Hamous	14. MOTHER'S MAIDEN NAME Ethel Rackcel Cutlish
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS Line of Hamous Fried Hele
18. MEDICAL CE	The state of the s
	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
Immediate cause (a) Bronchico	Preuman - 3 weeks
Antecedent cause(s)	to Etiles 5: 1:4
Diseases or conditions, if any, (b) giving rise to the above cause	
Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last	ben B. w.
giving rise to the above cause stating the underlying cause last (c)	unknum.
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	unknum.
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Lenkeren - 20. AUTOPSY?
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗆 No 🖸
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Yes No
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	Yes 🗆 No 🖸
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5., to 2.1.4., 19.5., that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5., to 2.1.4., 19.5., that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While N	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5./, to
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 2 2.3 alive on 2 2.3 alive on (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5./, to
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work 23. alive on 1950, and that death occurred at SIGNATURY 24. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REGORDER (Specify) DATE REC D BY LOCAL REGISTRAR'S SIGNATURE REGORDER (Specify) DATE REC D BY LOCAL REGISTRAR'S SIGNATURE REGORDER (Specify)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? How DID INJURY OCCUR? 19.5./, to.2./2.4/, 19.5./, that I last saw the deceased 33-A.m., from the causes and on the date stated above. DATE SIGNED 2/2 4/57
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF At work At work alive on 195 (Specify) At work and that death occurred at SIGNATURY (Specify) The At A work and that death occurred at SIGNATURY (Specify) The At A work and that death occurred at SIGNATURY (Specify) The At A work and that death occurred at SIGNATURY (Specify) The At A work and that death occurred at SIGNATURY (Specify) The At A work and that death occurred at SIGNATURY (Specify) The At A work and that death occurred at SIGNATURY (Specify) The At A work and	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5., to 2/2, 4, 19.5., that I last saw the deceased above. ADDRESS DATE SIGNED 2/2, 4/5, ERY OR GREMATORY LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR ADDRESS' ADDRESS' ADDRESS' ADDRESS' ADDRESS' ADDRESS'

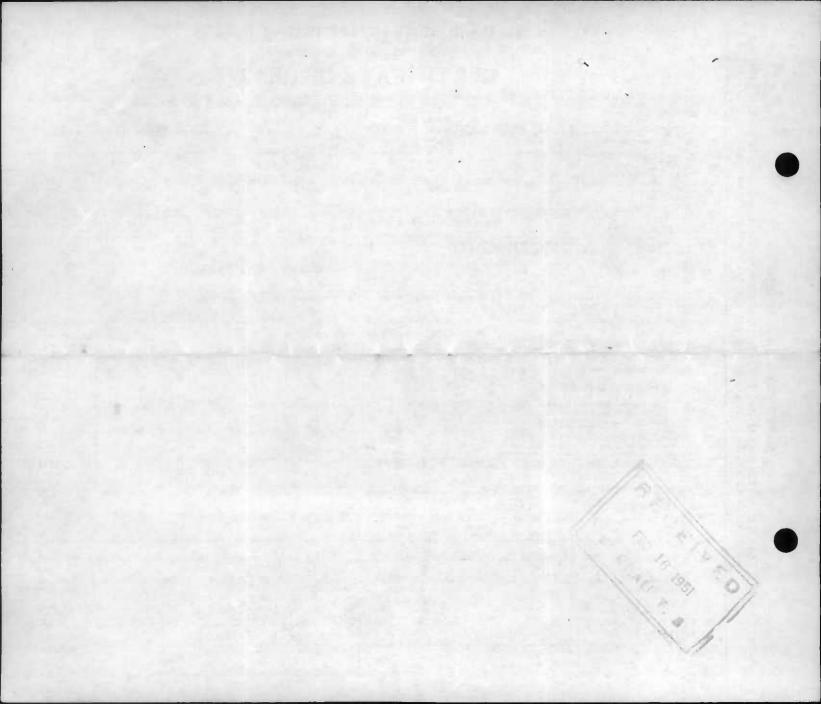


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	11.19
CITY (If outside corporate mits, write RURAL and LENGTH OF STAY	CITY (If outside copporate limits, write RURAL and give	varyare
TOWN give nearest town) Be//Lin hura / about 7 mith	TOWN aberdeen	re nearest bowny
HOSPITAL OR INSTITUTION OR STREET ADDRESS Larford Courty House.	STREET ADDRESS Laun L St. 201	tended
3. NAME OF DECRASED (First) /(Middle) (Type or Print) ROB+ (Middle)	CLLAND 4. DATE (Month) OF DEATH	(Day) (Year) 2 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORGED, (Specify) Warrie.	DATE OF HRTH 80 9. AGE last birthday If under Months.	
done during most of copking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Maryland.	COUNTRY?
13. FATHER'S NAME	Lara to Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND APPRESS	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Syplicamia Co	mplicaling gangrene	48 lin
West foot		**************************************
403.9 Antecedent cause(s)	Marc. On Dinner	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cestimate Atama,	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,		4 P+ 00 00 00 - 000000 0000000 Seembleman,
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1951., to Jal. 122, 1951, that I last s	aw the deceased
alive on 74241 195, and that death occurred at	ADDRESS	ated above. DATE SIGNED
Willard P. Hudson M.D	Frest Hele mo :	2/1451
23. BURIAL CREMATION DATE NAME OF CEMETER SEMOVAD (Specify) Leb. 16 th 1951 Union W. A.	. Cemetery alundeau Harfas	oco. ved.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/5/57 REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR GUO	DDRESS
- 1 million voluvou	arring arring to soils a	uerau.
	970216	mil.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	_
COUNTY HARFORD MARYLAND	STATE MARCHER 11 d COUNTY HARF	sold.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest to	wn)
TOWN HAR UR de GEACE TOBLES.	TOWN AberdEEN	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR HACFORD MemoRIAL STREET ADDRESS	ADDRESS & Parto ST	
	(Year) LA DATE (Year)	
DECEASED	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) 1119100 (1120WTV 20	MMSON DEATH & 28	190/
6. COLOR OR RACE 7/SINGLE, MARRIED, WIDOWED, DIVORCED,		der 24 hrs.
Leulale Will (Specify) Market	1-2-60 myn.	Maria.
done during most of working life, even if retired) INDUSTRY // INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O	P WHAT
House With House	Marghana Coontag.	519
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Straner	Lushurun	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Wilton O'Will Colusion -	
18. MEDICAL CER	The state of the s	
	INTERVAL:	BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	D DEATH
23/L Immediate cause (a) A POPLEXY	2 d	
334 Immediate cause (a)		7
Antecedent cause(s) Diseases or conditions, if any, (b) HYPERTE	1/5/11/	100
Diseases or conditions, if any, (b) HYPEKIE	N310N 61E	AKS
giving rise to the above cause stating the underlying cause last		
(v)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not	CONCUSSION, LACERATION OF SCALD 20	day
related to the disease or condition causing death.	20. AUTO	Dans
198. DATE OF OTBICATION 100. MAJOR PRODUCTS OF OTBICATION	20. AUTO	PSI
THE POST OF THE PO	Yes 🗍	No 🗌
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STA	TE)
HOMICIDE INJURY	Moesede V MORTORAMO	2
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR? CAUSED	
INJURY 2 - 26 5/ m. Work At work	CEBERAGE ACROSIT. Failing deun	5/000
1000	4 4 -	1
22. I hereby certify that I attended the deceased from APRILI	3, 19 48, to 7 46, 20, 195 (, that I last saw the de	ceased
706-27 10 El and shoot double amount of	1.571	
alive on 52 - 27, 19.51, and that death occurred at	ADDRESS DATE S	e.
Signature has all and a second states	DATE S.	IGNED
Draw Mc Strald h M.D.	aberdeen ma tetal	8,1951
23. BURIAL, CREMATION DATE THEREOF // NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county)	State)
REDMOVAL (Specify) 24164 Z. 1 16th M. 17 4		()
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	us.
RECO	ADDRES OF ADDRES	30
There 1-1984 U. L. Leves No. D	Hury Berring willow aberde	un



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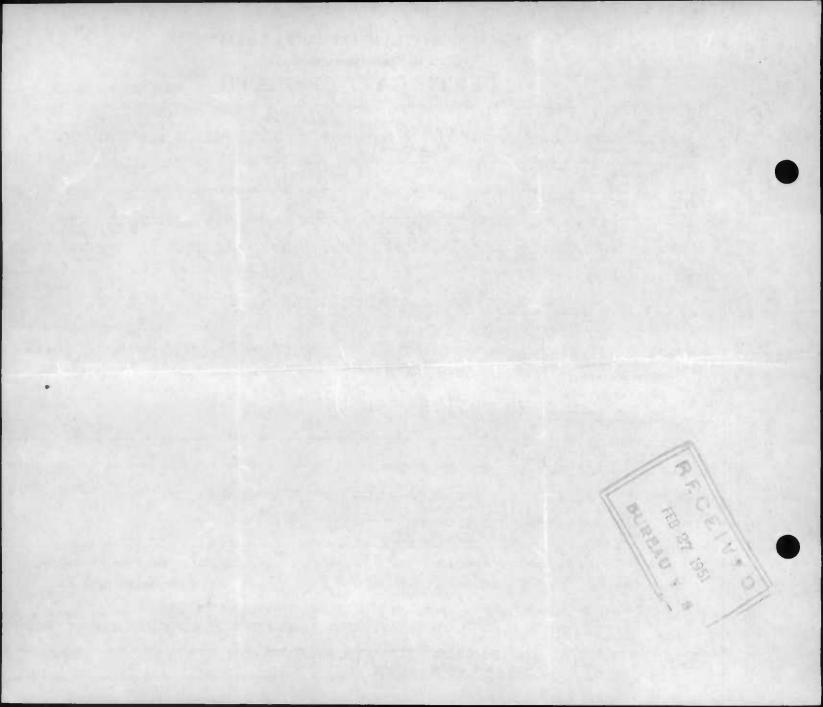
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

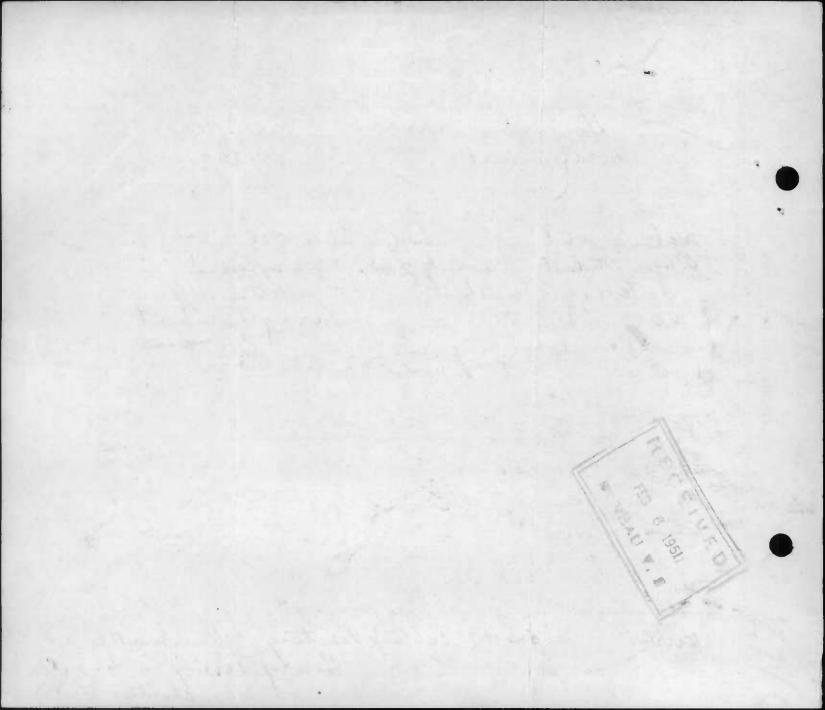
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Harland
CITY (If outside corporate limits, whe RURAL and LENGTH OF STAY OR give nearest town) Bull-Our Purious place)	CITY (If outside corporate limits, write RURAL and given TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED (First) Company (Middle) (Type or Print) Roger	(Last) Twin of DEATH Tut.	(Day) (Year) 25, 195/
Male COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DATE BIRTH 9. AGE last birthday If under Months yrs.	Hours Min.
done during most of working life, even if retired) 10b. Kind of Buspass on Industry Industry None	Harford Co. md.	COUNTEY?
Marvin King	Belma Harrel	R
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (6. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of leervice)	Marvin King	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Extification Bul-air, and	INTERVAL BETWEEN ONSET AND DEATH
763 D Immediate cause (a) Broncho-fro	umona	2/2 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	erstry Infection	44 50 00 00 14 1700011 1 1000000000000000000
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jel 24		
alive on 7-25, 19.5, and that death occurred at	5 130 cm., from the causes and on the date st	ated above.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (Gty, town, or coun	2/25/57 tv) (State)
BATE REC'D BY LOCAL REGISTRAR'S EIGNATURE	Mimorial Park transfora	ADDRESS
REG. 2/25/57 Vrivella Fouvoid	1 H. S. Bailey	



Emory

Bolder

Items 15 & 24: Statement of brother-William



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PLEAS



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

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U	0)	()	"	

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY MARYLAND (If outside corporate limits, write RUKAL and give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) this place) OR TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural give location) ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Last) DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday If under I year |If under 24 bru. Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHYLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN A5. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. T. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of ALL SETY OF ON 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE none Immediate cause Aniecedent cause(s) Diseases or conditions, if any, (b)... giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗆 No/C 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) INJURY TIME (Month) (Day) INJURY OCCURRED (Hour) While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. DATE SIGNED SIGNATURE (Degree or title) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOYAL (Specify) REGISTRAR'S SIGNA DATE REC'D BY FUNERAL DIRECTOR

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED
MARYLAND MARYLAND	STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givo nearest town) (in this place)	OR CITY (II outside corporate limits, write RURAL and give nearest town)
TOWN HAURE DE GRACE 14 DAYS	TOWN RURAL - HAVRE DE GRACE
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS HARFORD MEMORIAL HOSP.	ADDRESS R.D.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MANIE	MillER DEATH FEBRUARY 26 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrm
(Specify) MREIEU	October 18,1874 76 yrs. Months Days Hours Min.
done during most of working life, evon if (tired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
House work as storm	MARYLAND SOUNTERS
IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MARY KNIGHT
(Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
Mo service) No Mo	rount miller
18. MEDICAL CEI	RTIFICATION Have be grace INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH .	ONSET AND DEATE
Immediate source to Colored An	1 Debilit 199 8 mos
153 x Immediate cause (a)	· · · · · · · · · · · · · · · · · · ·
Antecedent cause(s)	CALAN
46 2 Diseases or conditions, if any, (b)	
stating the underlying cause last	Manager and the rest of the second
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
2-14-51 Para a salata	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	(· • • • (· · · · · · · · · · · · · ·
22. I hereby certify that I attended the deceased from 6 - 14	, 19.20, to, 19.21, that I last saw the deceased
alive on 19 2 2 and that death occurred at	6 10 A. m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1) I a prouse mest 9	Hade to Alexan his 3 30/1
The second of th	July 10 4 200 [10]
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	Andrew A land
DATE REC'D BY LOCAL REGISTRANS SIGNATURE	our starford Co, mg
PEC 27 1051 A. Yours I by 60	24. FUNDRAL DIRECTOR ADDRESS
LEDINITIES (T.V. VEROR) ILIA.	11 10 waiting

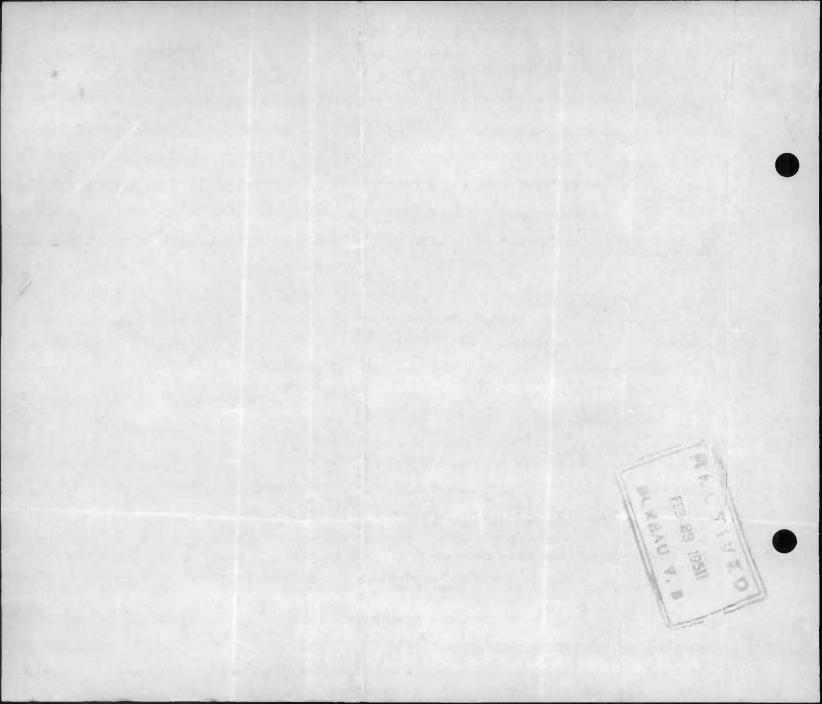


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1585 Reg. Dist. No.... 18/

CERTIFICAT	E OF DEATH Reg. Dist. No. 18/		
1. PLACE OF DEATH- COUNTY Jarfor d MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY farford		
CITY (II rotated corporate limits, write RURAL and CENGTH OF STAY OR TOWN U.A. Fawl de State (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN/WAI / AWE de Jace		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS		
3. NAME OF DECEASED (Type or Print) Thomas Wife	CLAST A. DATE (Month) (Day) (Year) OF DEATH Feb. 3 195/		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs 90 yrs. Months. Days Hours Min.		
done during mean of working life, even if retired) Job. Kind of Business on Industry Tarini awns:	11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Thomas Miller	There a MIC/ Tindles		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Miller		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Conditions, if any, giving rise to the above cause (b). Diseases or conditions, if any, giving rise to the above cause gating the moderlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \(\text{N} \)		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?		
alive on 2	ADDRESS ADD		
Dely Registrar	290116/114.		



2411 N. Charles Street, Baltimore

1586

CERTIFICATE OF DEATH

leg. Dist. No. 182

290116

1. PLACE OF DEATH. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNT	rord
CITY (If outside corporate limits, write RURAL and OR give nearest town) Kalmaa LENGTH OF STAY (in this, place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Top Pa //	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter's Nursing Home	STREET (If rural give location)	
3. NAME OF (First) DECEASED William Johnston	nella 4. DATE (Month) OF DEATH July.	(Day) (Year) 25 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH MRy 24/1867 9. AGE last birthday If under Months yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY RATIONAL TO SERVICE OF THE PROPERTY R		COUNTRY?
13. FATHER'S NAME WITH J M. //ur	14. MOTHER'S MAIDEN NAME EM, 14 Spicer	7
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	Mrs Walter Retnam Bel Al	- Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	embosis Lumi: Cornery Schoos	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from A. La		
23. BURIAL, CREMATION DATE REMOVAL, (Specify) F. /		
DATE REC'D BY LOCAL REGISTRATES SIGNATURE REG. 2. 26 / 27 Warrilla formation	24 RUNERAL DIRECTOR BOL an	ADDRESS

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MAR 1 1951

Evidence for change in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No.	5 6
1. PLACE OF DEATH- COUNTY MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY COUNTY	ellolely
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and give OR TOWN)	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / HOMEN ADDRESS 1216 Charles	- /
3. NAME OF (Middle) (Middle) (Mark) OF (Month) OF (Type or Print) (Mork) OF (DEATH FILE)	(Day) (Year) 27 195
Male WIDOWED, DIVORCED 5-26-1869 83V 85 yrs. Months I	year If under 24 hr Days Hours Min.
done during most of working life, even if retired) INDUSTRY	CITIZEN OF WHAT
13. FATHER'S NAME THURY HOMSON 14. MOTHER'S MAIDEN NAME CUVIO ESSOS	1100
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) 16. Social Security No. 17. INFORMANT	3 de lo ne
	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) LOBAR PNEUMONIA Antecedent cause(s)	40 hr.
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) Chr. Candy-Vascular Disease	>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Soveeze when a left legt	>
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) (CITY OR TOWN) (COUNTY) OF office bidg., etc.)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While Not While Not Work Not Work	
22. I hereby certify that I attended the deceased from 12 2 , 195/, to 72 27 , 195/, that I last say alive on 12 27 , 195/, and that death occurred at 9.000.m., from the causes and on the date state (Degree or title) ADDRESS	
Willard P. Gudson M.D Frest Hill MG 23. BUBIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, toyo, or county)	(Ohab-\
REGIOVAL (Specific 3-/-5/POLICIE 1 OR CREMATOR) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124 FUNERAL DIRECTOR	(State)

correct age

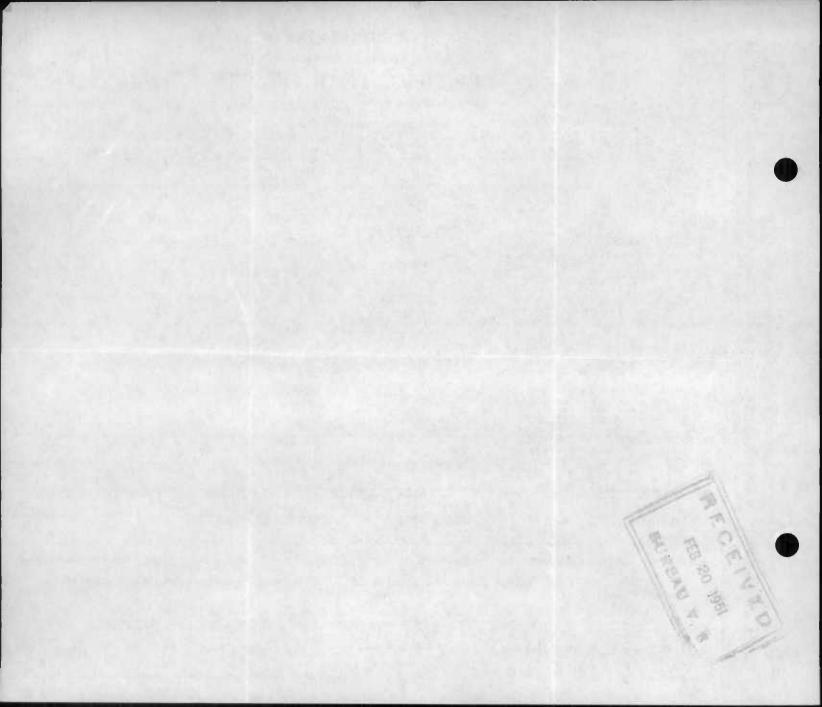
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Diet No / 8 2

1. PLACE OF DEATH COUNTY MARYLAND ON give nearest town TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS MARYLAND MARYLAND LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY OF C	TANIMA
3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print) Harran farlan 5. SEX (COLOR OR RACE T. SHOOLE, MARRIED,	Reynolds 4. DATE (Month) OF DEATH / UT	(Day) (Year) /7 195/
Female Knite (Specify) Married	March 21, 1858, 92 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME		COUNTRY SA,
Revelex Starlar 15. Was Decrased Ever In U.S. Arned Forces? 16. Social Security No. (Yes, polyn pulmown) (If yes, give Ares or dates of	Elizabeth Schael	er
service) 18. MEDICAL CE	45 Mm, & Reyno	lds
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	al)taemerhase	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause (s) Diseases or conditions, if any, (b)	ar 11 aesnovingge	3 Who
giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No C
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 30	ap	
alive on	ADDRESS	DATE SIGNED
23. BUMAL, GREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	2//8/5/ yy (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 9	24. FUNERAL DERECTOR	ADURESS
- 1/10/01 V receive y out or a	My. D. Baung Ha	runglor md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

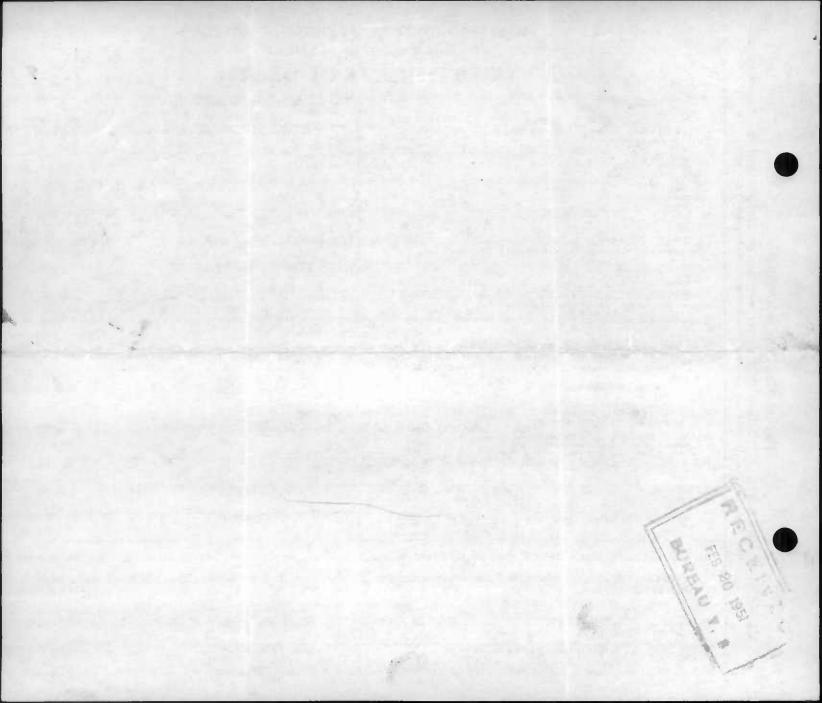
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Harter of MARYLAND	STATE Md COUNTY	Hartert
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) (in this place)	TOWN B. IAIR Md	,
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) (4. DATE (Month)	(Day) (Year)
(Type or Print) E/13a Virginia	RIDER DEATH Fel	15 1957
5. SEX 6. COLOR OR MACE 7. SINGLE, MARRIED, WIGOPET, DIYORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months.	Days Hours Min.
102 USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY? 115
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4
BLNS. AMOSS	SUSAN ROGINSON	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 2626 N. Cha	40101
(Yes, no, or unknown) (If year, give war or dates of service)	Kothryx Dick Bastimo	
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	· ·	INTERVAL BETWEEN ONSET AND DEATH
Immediate carea (a) Remucis	us Unemia	8 420
150 o Immediate cause (a)		
Antecedent cause(s)		
73 Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last	arlenosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		PP 94 94 94 midmid-unresessessessessessessessessessessessesse
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		-
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from May, 1945, to Jel / 5, 195/, that I last saw the deceased		
4070		
alive on, 19, and that death occurred at		
Wellard P. Hudson, m.D.	Forest Hell md	2-15-51
TOTAL COLLAR AND	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
Buria) 1/26417/5/ Duercre		tord Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
- while house house	TO VIJA WY VOIL	m. ma



PLEASE

A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1530

Reg. Dist. No.

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND LENGTH OF STAY OR give nearest town) CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write, RURAL and give nearest town) fout 50 fro. TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS (Middle) 3. NAME OF (First) 4. DATE (Last) (Month) (Day) (Year) DECEASED (Type or Print) DEATH 195 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE last hirthday | If under 1 year | If under 24 hrs. WIDOWED, DIVORCED. (Specify) married Months [Days Hours | Mln. 10 10a. USUAL OCCUPATION (Give land of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working, life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16./SOCIAL SECURITY NO. AND ADDRESS 730 Otses (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATE ONSET AND DEATE Immediate cause 420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? (Day) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 11/2, 1950, to 2/24, 1951, that I last saw the deceased signature 19.5.1., and that death occurred at //: 35.6...m., from the causes and on the date stated above.

ADDRESS

DATE SIGN. DATE SIGNED bury 23. BURIAL, CREMATION REMOVAL (Specity) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE 24. FUNERAL ADDRESS



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

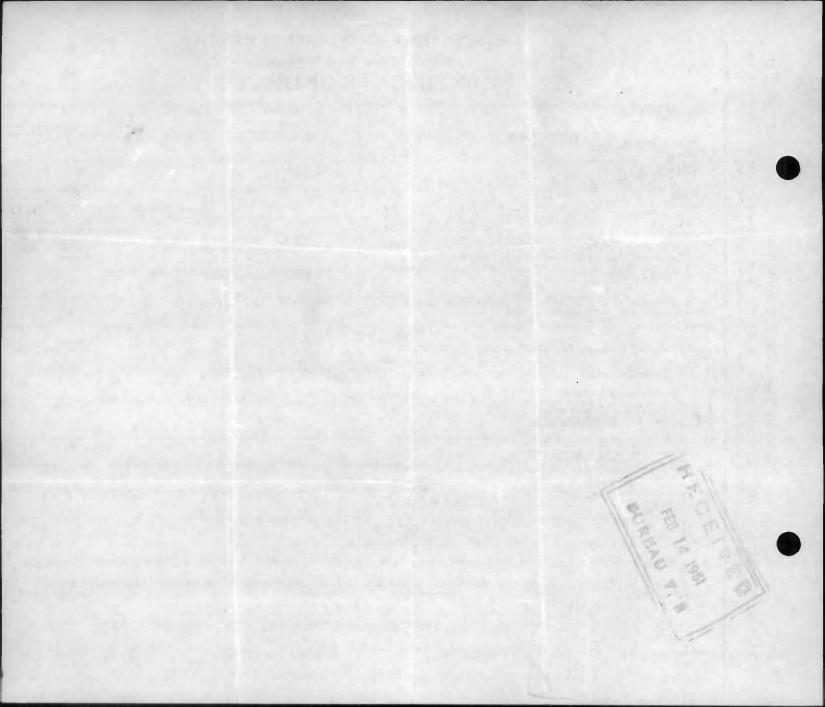
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. /8

1591

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Harford MARYLAND	STATE COUNTY	Harford
CITY (If outside corporate ilmits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) (in this place)	OR	
TOWN HOSPITAL OR	TOWN Edge wood. Md STREET (If rural, give location)	
INSTITUTION OR	ADDRESS	
STREET ADDRESS 12. Oaly ST. Edgewood. Md	12. Oak ST	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JAMES MORGAN	COLLINS DEATH Freb	6 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under	
WIDOWED, DIVORCED,	Months Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
Retired Pa RR Hagraphoperator	Harford Co	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James H Rollins	Ellen League	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs James. M. Rellin S. 12. Oul. Edgew	LIM. boar
18. MEDICAL CEI		1
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Coronary Th	2000 P. 24.0	Sauth
Immediate cause (a)	The March	areau area
Antecedent cause(s)		Death
Diseases or conditions, if any, (b)	osis; ch myocardeal Disea	perack
934 giving rise to the above cause	1	
stating the underlying cause last	V.	
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Aug.	1950 to Jely 6 195/ that I leat or	w the desert
22. I hereby termy that I attended the deceased non-small	, 10.4, 00.4	aw the deceased
alive on Dec 31 , 1950, and that death occurred at	6:309, m. from the causes and on the date sto	ated shove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
IN A O LI A. D. D. L	1 mont 1/10 med m/	1/21
Willand F. Mulson, M.D. 7	round Hell my	6/5/
	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
REMOVAL (Specify) 2/8/5/ Balair. Men	soriel Park Harford Co	and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 BEG, 1 1961 maring man 1. 1-10	frank 4. 14. 24. 24.	DIR. Ind
felo. 1 1 1 1 1 1 1 1 on Isaal	Masselin June 140 9 Delan	- KA Balta Go
	3(5506
		4240



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1592 Reg. Dist. No. 185

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-		
COUNTY Harford Maryland MARYLAND	STATE COUNTY Maryland Harford		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest t	own)	
()R give nearest town) (in this place)	OR		
TOWN Havre de Grace 41 yrs	TOWN Havre de Grace STREET (If rural, give location)		
HOSPITAL OR INSTITUTION OR	ADDRESS		
STREET ADDRESS	565 Congress		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)	
DECEASED	OF		
(Type or Print) Lillian May Rolling	DEATH 2/25/5I	19	
5. SEX female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year 111 Months. Days He	inder 24 hrs.	
Female White (Specify Married	I/I9/I878 73 yrs. I 5	Julia Ivalia.	
100 USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT	
done during most of working life, even if retired) INDUSTRY	COUNTRY?		
House Wife	Philadelphia Pa U.S.A.		
13. FATHER'S NAME			
John Henry Carroll	Elizabeth Rembold		
John Henry Carroll 15. Was Decrased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS		
(Yes, no, or unknown) (If year, give war or dates of	T Fduord Polling Uom 1. 0 W		
no pervice) no	J.Edward Rollins , Havre de Grace, Md	•	
18. MEDICAL CE	ERTIFICATION	L BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ND DEATH	
	1 /1/2		
Immediate cause (a)	al 14morrhage 2x	anso	
Immediate cause	The second secon	0	
Antecedent cause(s)	0 27/4.		
(- / /	Vascular Process 1 -	20	
93 Diseases or conditions, if any, (b)		*************	
stating the underlying cause last	1	interplant .	
(c) T 11111111111111111111111111111111111	and the		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
related to the disease or condition causing death.	Catherine.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	ropsy?	
	Yes 🗆	No 🏻	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	The state of the s	ATE)	
SILICIDE OF office bldg., etc.)	(0111 011 10 111)	22 7 77	
HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?		
OF INJURY m. White at Not White Work At work			
THEORY CI	1017/1-		
22. I hereby certify that I attended the deceased from. Years	, 19 7, to 2319 5/, that I last saw the d	hazzana	
alive on 125, 1971, and that death occurred at 9:300 m., from the causes and on the date stated above.			
SIGNATURE (Degree or title)	ADDRESS 2 DATE	SIGNED	
5101419111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Coo I musio leur		
	1 1 1 2/2	and from	
Garage Tolling TOD	show we delicate 14.01	// 2/	
27 PURIAL CREMATION / DATE I NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county)	(State)	
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or county)	(State)	
Burial (Specify) 2/28/51 Cokesbury	Abington, Md.		
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify) 2/28/51 Colesbury DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE			
Burial 2/20/51 Cokesbury	Abington, Md.		



MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH AND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Harland
CITY (If outside corporate limits, write RURA) and LENGTH OF STAY OR give nearest fewer by this place)	CITY (If outside corporate limits, write RURAL and go	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	vac
3. NAME OF DECEASED (First) Busherry (Middle) (Type or Print)	CLast) 4. DATE (Month) OF DEATH DEATH	(Day) (Year) /3 1957
Male Selved Scolor of RACE T. SINGLE, MARRIED, WIDOWED BIVORGED, (Specify) Margel.	78 DATE OF WATH 9. AGE last birthday II under I Months yrs.	year If under 24 hrs.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Buskess or Industry	11. BURTHPLACE (State er foreign country) 12.	CITIZEN OF WHAT
Fames & Rumsen	14. MOTHER'S MAIDEN NAME Preslyrn	2- 1
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes-70, or unknown) (If yes, give wap of dates of service)	INFORMANT AND ADDRESS	Loylow
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	BRIFICATION Darlington, Mig.	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Intestinal In	fluenza and	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	chy dialin-	
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY Mille at Not While at work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from 2/10/s	/, 19, to Z//3, 19.5/, that I last sa	aw the deceased
alive on	ADDRESS. ADDRESS.	ated above.
malialia Mulley Million 7	MD Harlington Mid RY OR CREMATORY LAGGATION (City, town, or sount	14/51
Byrush (Specify) Levi /5, 1957 Hosan	ma cen Atarford Co.,	rmd,
DATE BECD BY LOCAL REGISTRADA SIGNATURE RECOLUM / 4 / 95 / C. X. C.	24. FUNERAL DIRECTOR Bailey	ADDRESS
	blanting to 1001	1,



MARYLAND STATE DEPARTMENT OF HEALTH

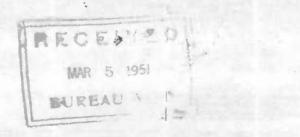
2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. N	0.182
1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Harland
CITY (If outside corporate houts write RURAL and OR give nearest town) Carlington Paths place) TOWN	OR 10	ve nearest/town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET Af rural, give location)	
3. NAME OF DECEASED (First) (Middle) & C. (Type or Print)	Scallestrough 4. DATE (Month) Norsing DEATH Tell	(Day) (Year) [0] 195
Male Color or RACE 7. SINGLE, MARRIED, WIDOWED (Specify) Marrie	STE. 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done drief most of working life, even it retired) INDUSTRY INDUSTRY	Atarford Co. Mid.	2. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME of Carborous	MOTHER'S MAIDEN NAME	forough
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, proper unknown) (I yes, give war or dates of service)	MA Melvir & Ca	rborough
18. MEDICAL C I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) doute bee	ert failure	48hrs
6/0 × Antecedent cause(s) Diseases or conditions, if any, (b) Thrombol	shelleting	2 whs.
137a giving rise to the above cause last (c) Bruch	oslatic bussestopshy	6 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	70 10	
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from the	2 , 195-1, to 7-10, 195-1, that I last s	saw the deceased
alive on Jel. 19.51, and that death occurred at.		
Charles a ref MD.	Street mel. I.	eb. 10,1951
23. BURIAL, ORDMATTON PATE THEREOF NAME OF CEMET	ERY OR CREMATORY (LOCATION (City, town, or count Memorial Parke Harry	
PATE REC'D BY LOCAL REGISTRAR'S EIGNATURE	24. ENNERAL DIRECTOR	ADURESS
	Darlington Ind	290646

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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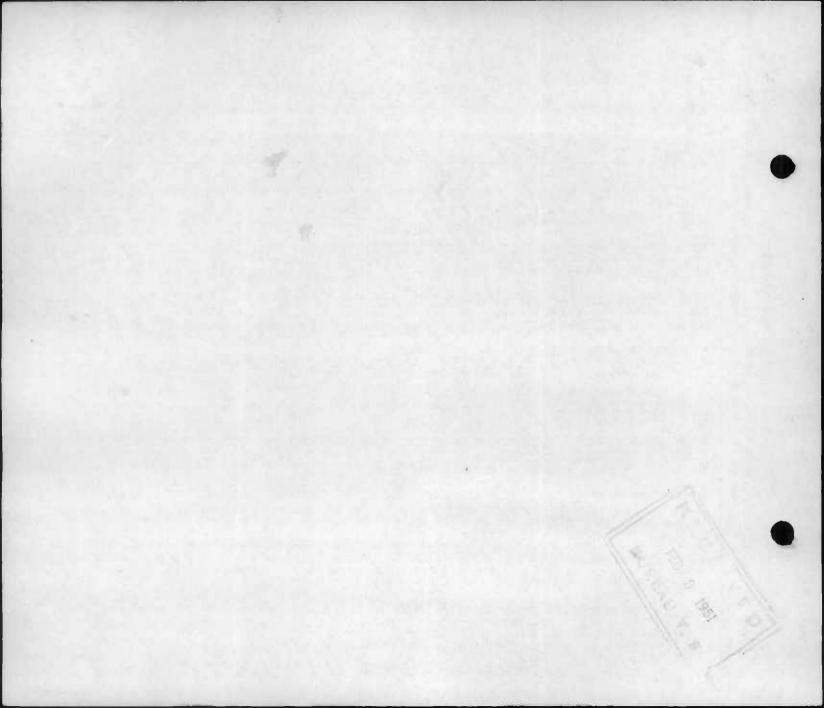
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate-limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) John. Rural (his place)	TOWN Sobal
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Rural - near Wilna -
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) JOSEPIN /4/EXIS	DEATH LOUNG 19/
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birtbday If und 1 year If under 24 hrs. North 3-1872 78 yrs. Hours Min.
done during most of working life, even if retired Indiana.	IV. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	17, INFORMANT
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY No.	George V.B Ahriver
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
422 Immediate cause (a) Arteriorsler	olie CV disease -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🕩
21. EXTERNAL CAUSE WAS PRIMARY GONTRIBUTING Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while Not work at work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decender of the natural causes of accident of suicide of homicide of the signature of the last of the said decender of the suicide of homicide of the said decender of the suicide of the said decender of th	ased died on the day stated above, and death in my opinion resulted
	290 VV V



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH A LOTA MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	farlard
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR glvo nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	
HOSPITAL OR	STREET (If rural, give location)	al
INSTITUTION OR STREET ADDRESS	ADDRESS (ITTUEL, give location)	
3. NAME OF (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) () a which were	DEATH FED	9 1951
S. SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.		Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	11/ FIRTHPLECE/(State or foreign country) 12	CITIZEN OF WHAT
done dering most of working life, even if retired) Innester forme	Hilker Co, M. C.	COUNTRY
Sumbur M. Burchette	MANUEL'S MAIDENNAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
	DESERVATION (
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	wind, my, nur	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Retro periton	and Caraina	6 mo.
Immediate cause (a) / E140	eag concernoma	Theo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		PD 00 00 00 00 00 0000 0000 0000 00000 0000
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
To. 3:	and Edg and	
22. I hereby certify that I attended the deceased from Jan 2		
alive on tel 4 , 19.5/, and that death occurred at	1./0m., from the causes and on the date sta	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
maleoly Hudley Khillips In	Harlugton md	2/11/51
23. BURIAL, CREMATION DATE THEIREOF NAME OF CEMETE	RY, OR CREMATORY LOCATION (City town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1001/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	10.0. a duly	
	Harlington 11/1di	AND DESCRIPTION OF STREET PARTY.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1597 Reg. Dist. No. 183

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
CITY (If ortaide corporate limits, write RURAL and) LENGTH OF STAY	MARILAND	HAKTOFD
CITY (If outside corporate limits, write RURAL and OR giva nearest town) (in. this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 253 WILSON ST.	STREET (If rural, give location)	
3. NAME OF (First) (Middla)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) BESSIE RERE S	RTANDIFORD OF DEATH FEB	25 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		Days Hunder 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME David Lawis Bennett	14. MOTHER'S MAIDEN NAME & FMILLY BANNETT Hatt	un al
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ANDRESS	1 7.00
(Yes, no, or unknown) (If year, give war or dates of service)	Mrs Dorothy lliam Havrede	Grace
18. MEDICAL CER	RTIFICATION	Interpretate Description
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) COCONARY	ARTERY OCCLUSSION	30 MIN
Antecedent cause(s)		
93d Diseases or conditions, if any, (b) HYPER TENSIV	E CARDO-VASCULAR	6 YES
giving rise to the abova cause stating the underlying cause last (c)	DISEASE	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to tha death but not related to tha disasse or condition causing death. 		49 00 00 по тенете в выполе бу нефеференција уче
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE ### APPLIACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Whila at Not While	HOW DID INJURY OCCUR?	
INJURY m. ! Work At work		
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last sa	w the deceased
alive on, 19 and that death occurred at	m., from the causes and on the date sta	ited above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
AS principle M.	D, Naure de Grace Ma	25 Feb 31
23. BURIAL, CREMATION PATE REMOVAL (Specify) Falsy 27/51 NAME OF CEMETER	- Committee County of County	44.1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1 /26 /21 Vacella Jouroux	Joseph John Rellin	mel/



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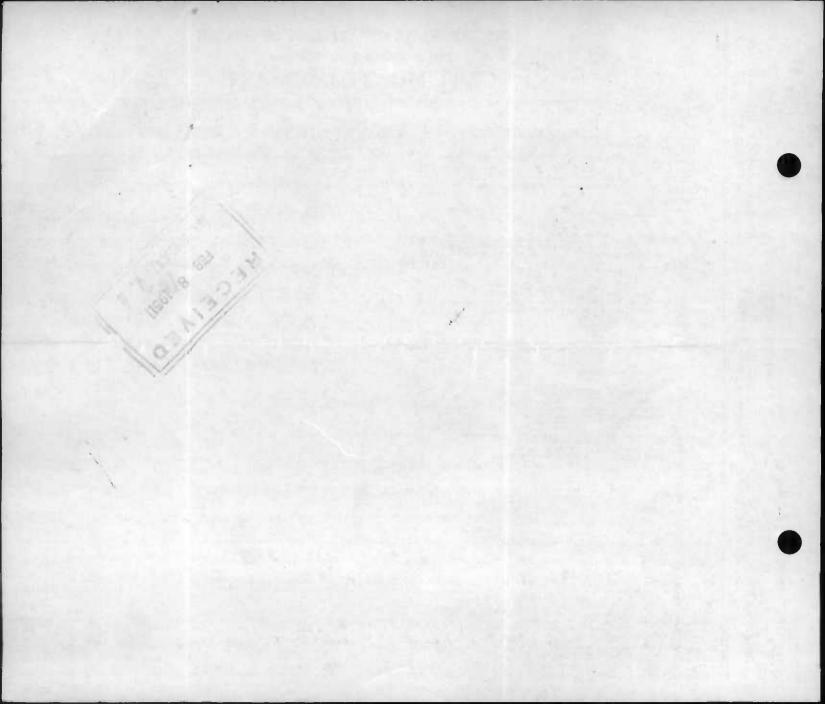
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1598

CERTIFICATE	OF DEATH Reg. Dist. No.	
COUNTY	STATE Wary Caus COUNTY Harfor	J
OR give nearest town) TOWN (in this place) 2 Vicultus	CITY (II outside corporate limits, write RURAL and give nearest thwn) OR TOWN	
HOSPITAL OR	STREET ADDRESS 5 Sware Drille	
3. NAME OF DECEASED (First) (Middle) (Type or Print)		57
Leugle 6. COLOR OR RACE 7. SINGLE, MARRIED 8. WIDOWED, DIVORCED 18. SINGLE WIDOWED DIVORCED 18.	Way of the 1876 9. AGE last birthday II under 1 year II under 24 Way of the 1876 Year Months Days Hours A	Min.
done during most of world life, even if retired) INDUSTRY	1. BANTHPLACE (State or foreign country) 12. CITIZEN OF WI	A.
13. FATHER'S NAME LAUES HICKOK	Way Lathart	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Trank Off ruler - 55 would aher	leey
18. MEDICAL CERTIF	IFICATION INTERVAL BETWOONSET AND DE	
Immediate cause (a) UREMIA, D	DEHYDRATION, ANURIA I MON	ITH
Antecedent cause(s) Diseases or conditions, if any, (b) Cotcinoma	- right breast 3/EAI	22
giving rise to the above cause stating the underlying cause last (c) METASTASI.	S TO LUNGS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DEC. 1,		ed
alive on JAN. 23, 19.51, and that death occurred at 12.	ADDRESS DATE SIGNI	ED
Brown Mchalle M. D.		51
BEMOVAL (Specify) Joh. 6 th 1951 Nowley Re	entery Hills dele Pennywani	
FREG. 4-1951 Mellie B. Willy	Henry Tarring End Sous. aherdeen zu	لل



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MARYLAND STATE DEPARTMENT OF HEALTH

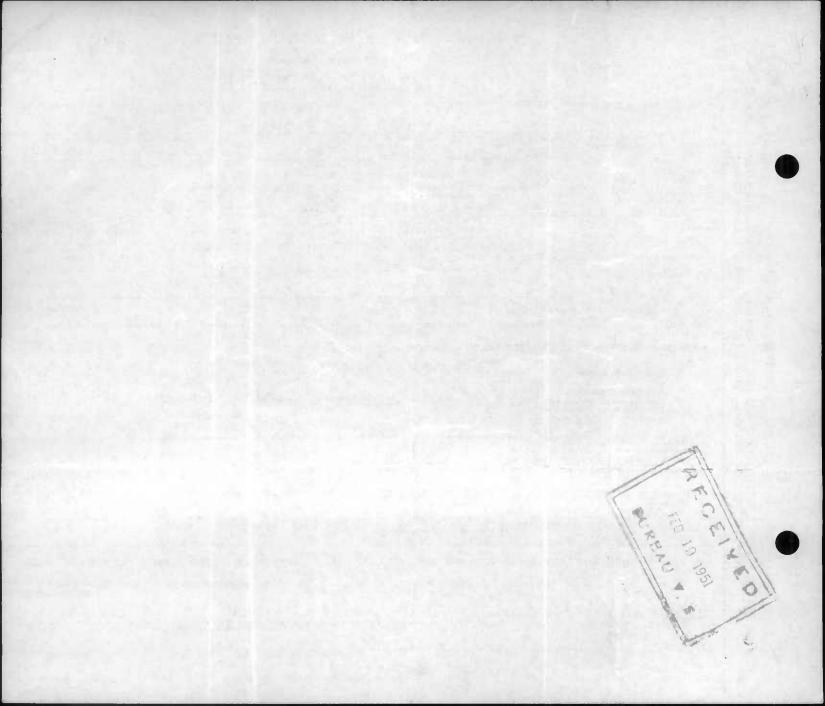
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1599

Reg. Dist. No. / 82

COUNTY Harford MARYLAND	STATE THE STATE (HOME) OF DECEASED.	fork
CITY (If outside corporate fimits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gloor TOWN Fallston	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) . (Type or Print) Estelle Errier	Word 4. DATE (Month) OF DEATH FLA	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLIAM	8. DATE OF BIRTH 9. AGE last birthday If under Months 76 yrs. 79.1874	year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY INDUSTRY		COUNTRY? W P
13. FATTER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Sauce W Ward 7	alletai
18. MEDICAL CE	ERTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CoRONARY IA	FROM BOSIS	13da
Antecedent cause (s) Diseases or conditions, if any, (b) Of Ryporler	sue Cardio-Vasever	>
giving rise to the above cause stating the underlying cause last (c)	Clesiase	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
1	4, 195/, to Tela 8 , 195/, that I last s	
alive on 3	ADDRESS, from the causes and on the date st	ated above. DETE SIGNED
Willard P. Hudson, m.D. 7	oust whee, med 21	8/57
Bernoval (Specify) Fet 11, 1951 Deer chie		md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROBLEM FOUND OF	Martin F. Jury, Jarrettson	lle ha



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त्र	in	8	sho	wn	on:
to					

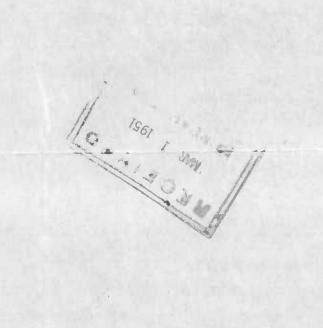
MARYLAND STATE DEPARTMENT OF HEALTH

2411

N.	Charles Street,	Baltimore	
21	CATEC	E DE ATH	181

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CERTIFICAT	E OF DEATH Reg. Dist.	No 182
HIM NO. G 15,1 MAR 27 1951	acos 2 about	. 110
1. PLACE OF DEATH OF COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COU	Harford
CITY (If outside corporate limits) write RURAL and LENGTH OF STAY OR give nearest town) (In this place)	TOWN Parlington	Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (Fural, give location	n)
3. NAME OF DECEASED (First) (Middle) A	elister 4. DATE (Month) OF DEATH Feb.	(Day) (Year) 19 1957
Female Color of RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		nder 1 year If under 24 hrs.
10s. USUAL OCCUPATION (Give kind of work domining most of working life, each if retired) Interface.	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
18. FATHER'S NAMED M. Smith	14. MOTHER'S MAIDEN NAME COM	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of leervice)	Mr. Edward Darsey	
18. MEDICAL CE	RTIFICATION Darlington Ma	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Congestive lea	er Jacluse	2 mo
Antecedent cause(s) Diseases or conditions, If any. (b) Luctic Car	dio vascular eleseise	20 yrs.
30 giving rise to the above cause last (c) Centre Inser	Hiciency	20 ym.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	00	10
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUN	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY — At work —	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan.	, 19/95, to Feb , 195/, that I la	st saw the deceased
alive on Jau 3/ 195/, and that death occurred at SIGNATURE	ADDRESS from the causes and on the dat	e stated above. / DATE SIGNED
malesly Sudley Phillip me +	acligton, Tud	2/22/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	na Cem Harford C	o, md.
DATE REC'D BY LOCAL REGISTICANS SIGNATURE	24. FUNERAL PURECTOR	ADDRESS
	// // //	vm -1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1601

1. PLACE OF DEATH- COUNTY MARYLAND.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Clock
CITY (If outside corporate fimits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If ru al give location) ADDRESS
3. NAME OF DECEASED (First) (1 a w Wile)	(Last) 4. DATE (Montb) (Day) (Year) OF DEATH File, 24 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9. AGE last birtbday if under 1 year if under 24 hrs. Oct. 15.1924 2 4 yrs.
done during most of working life, even if retired) NOTE: The state of	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. A.
Searce Hilay	14. MOTHER'S MAIDEN NAME Extre lasart
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 197-20-085	17. INFORMANT Thiley Phinier
18. MEDICAL CI	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Laceration	
Antecedent cause(8) Diseases or conditions, if any. (b)	vein
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	e wardible ning.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No Z
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg. etc.) CAUSE OF DEATH.	Whiteford Hanguel (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while NJURY 6 2 4 1951 4 m. work at work	Anto accident anto-anto type
obtained by said Autopsy, Inspection or Inquiry, find that said dec	Autopsy , Inspection , Inquiry thereon and from the evidence ceased died on the day stated above, and death in my opinion resulted
from: natural causes [], accident [X], suicide [], homicide []. SIGNATURE (Degree or title)	, undetermined □. ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or count) (State)
DATE REC'D BY LUCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 2/25/31 O jivilla Forwood	Hubert P. Darkeus-Deltola

